

**POWER OF ATTORNEY
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INDICATION FORM**

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|------------------------|--|
| Application Number | 09/889,911 |
| Filing Date | September 30, 2003 |
| First Named Inventor | Yi Zhang |
| Title | UNIVERSAL INTERFACE FOR VOICE ACTIVATED ACCESS TO MULTIPLE INFORMATION PROVIDERS |
| Art Unit | 2626 |
| Examiner Name | Susan Iris McFadden |
| Attorney Docket Number | 022395-006220US |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

46670

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature

Date

29 Oct. 06

Name

Spencer Raff

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Title and Company

Director and Associate General Counsel

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

*Total of _____ forms are submitted.